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Suzanne Lerner

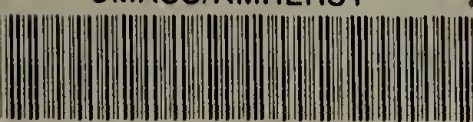
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EMOTIONAL OUTLET: A STUDY INTO THE EMOTIONS
AND ATTITUDES OF COMPULSIVE EATERS

A Thesis Presented

By

SUZANNE LERNER

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

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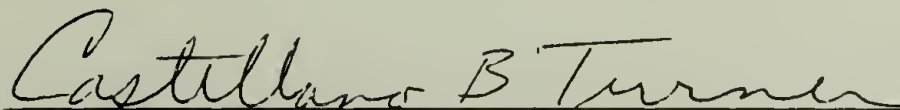
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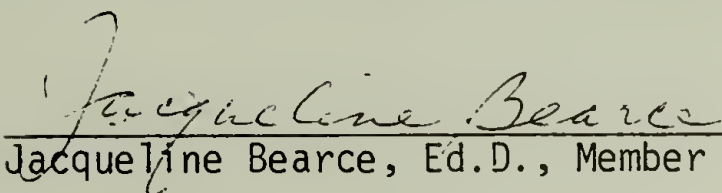
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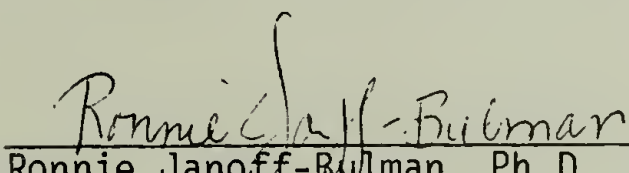
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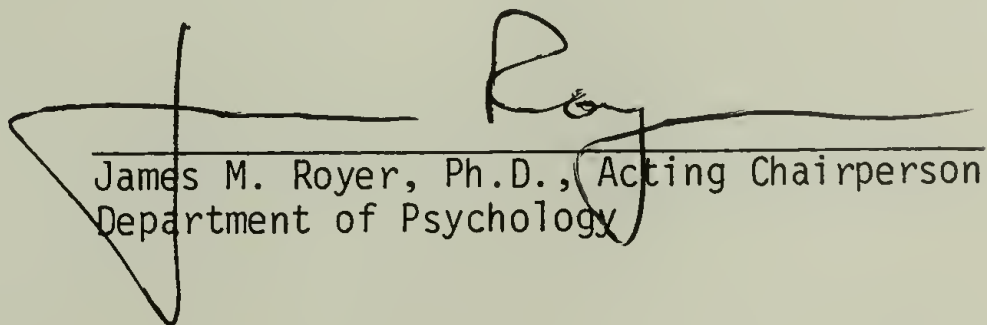
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C H A P T E R I

INTRODUCTION

Purpose

The purpose of this study is to look at compulsive eaters' attitudes toward their feelings and also to study general attitudes toward fat and thinness in our society. This work was stimulated by Susie Orbach's (1978) reformulation of why women eat compulsively. Before reviewing her theory in detail, it seems useful to look at how overeating has been studied in the past. It is important to keep in mind that while Orbach is concerned with overeating, she is less concerned with overweight per ce (obesity), but rather with eating not related to physiological hunger. Thus obese individuals would be seen as a subset of compulsive eaters, with the other group consisting of those people who are at their normal weight but maintain this weight only through obsessing about their weight and dieting in general.

Literature Review

Albert Stunkard (1980) gives an excellent review of the latest research into the causes of obesity. It seems useful to examine his findings, to help put Orbach's theory into context.

Animal Studies. Stunkard first reviews how the causes of obesity are examined in animal studies. Researchers have found several ways to experimentally create obesity in rats. For example, the ventral noradrenergic bundle inhibits feeding. Destroying this by injection of a neurotoxin results in overeating and obesity. A second technique is to inject parachlorophenylalanine (pcpa), which blocks serotonin synthesis intraventricularly. This perhaps creates obesity by interfering with the serotonergic satiety mechanism. A third way one can artificially induce obesity in rats is by creating mild chronic pain such as that created via tail-pinching. Stunkard suggests that there may be some relation between this obesity syndrome and the overeating seen in humans that seems to result from stress. Research with rats has shown that destruction of the ventromedial hypothalamus creates obesity as does stimulating the lateral hypothalamus. These studies help us to understand the physiological mechanisms of hunger and satiety. However, it must be remembered that just because obesity can be surgically induced, does not necessarily reflect the specific mechanisms that lead to obesity in a natural environment.

While some investigators have explored the neurological mechanisms that effect hunger and satiety in an attempt to understand obesity,

others have tried to discover if there is a genetic component to this behavior. However, the investigation is complex. For instance, a high fat diet will cause obesity in one strain of rats, while another stays the same and a third actually loses weight. Stunkard (1980) cites Mayer's breeding the "waltzing gene" into genetically obese ob/ob mice as an example of the complex interactions that occur at the genetic level that might influence whether an animal becomes obese or not. The increased physical activity of these mice prevented the development of obesity . At a minimum, Stunkard feels that genetic influences may be effecting weight gain in animals in the following three ways:

In determining fat cell number in response to different diets at different periods of development, in regulating the efficiency of the metabolic processes, and in establishing the sensitivity of different parts of the central nervous system to nutrient deprivation and repletion. (p. 4)

Three different ways that are used to study the genetic contribution to any syndrome are by studying familial resemblance, by studying identical twins brought up in separate environments, and by studying adoptees. Unfortunately, the research to determine any genetic component in obesity has created contradictory results. While obesity does run in families, Stunkard has found no conclusive evidence in the literature to pin it on genetic or environmental influences, or some combination of the two.

Some researchers have investigated what sorts of diets lead to weight gain. Stunkard reports the research of Sclafani (1976) who created what he called the "supermarket diet" modeled after the typical

American consumer's diet. He had rats gain weight by feeding them a diet high in fat and sweetness. After some experimentation with such unlikely lab chow as chocolate chip cookies and sweetened milk, he discovered that sweetness, greasiness and variety were the three most effective components of any obesity producing diet. He also found that sugar in the lab chow wasn't effective in causing weight gain in rats, a surprise in light of the popular notion that sweets lead to obesity. He theorized that the satiating effects of high sugar diets outweigh the effects of increased palatability.

While sugar in food did not cause weight gain, sugared drinks had a strong influence on weight gain. Sugar in solution, as a supplement to the diet rather than as a component of it, led to increases up to 40% in body weight over those rats that received no supplemental sugar solutions. High fat diets are more effective than high sugar diet in promoting weight gain. "Although rats ate somewhat smaller quantities of food on the high fat diet, they failed to compensate for its greatly increased caloric density and significantly increased their caloric intake" (Stunkard, p. 11).

Human Studies. Besides trying to understand why people become obese, investigators have also attempted to understand why obese people have such difficulty losing weight. Several intriguing theories have emerged. A theory that has recently attracted media attention has been the idea that fat cells influence a person's ability to lose weight. According to the theory, the number of fat cells is fixed at an early

age and if one was heavy at an early age, then one developed a larger than usual number of fat cells. This then in later life, supposedly meant that while one could reduce the fat contained in these cells, one could not reduce the number of cells, and thus was doomed to diet failure. Stunkard notes a revision of this theory. More recent research has suggested that:

Fat cell number can be increased at any age by weight gain sufficient to produce cellular hyperplasia, [the individual fat cells becoming larger] but it cannot be reduced by weight loss. The result is a biological trap: Each period of weight gain leads to irreversible increases in fat cell number. (p. 8)

This research would suggest, says Stunkard, that a treatment goal would be to prevent additional weight gain rather than struggle with attempts at weight reduction that are impossible to maintain. If this research is shown to be valid, then there is a need for us to radically change our ideas about the need or even the possibility of overweight people losing weight and maintaining that loss.

A controversial theory that may be related to these fat cell studies is the set point theory. Brownell (1982) explains this theory.

Each individual has an ideal biological weight, the set point, and some have weights far above the culture's ideal (Keesey, 1980; Nisbett, 1972). The most important corollary of the set theory is that the organism will defend its body weight against pressure to change. (p. 822)

This theory might help to explain why obese individuals have such difficulty losing weight.

Peter Herman and Deborah Mack (1975) in studying people who overeat, came up with the concept of restrained eating, which is useful to explore. The idea behind this concept is that a restrained eater is someone who has to "restrain" their eating in order to control their weight. Unlike Schachter and his colleagues (1971) who hypothesized that a fat person overeats because they responded to external rather than internal cues as a signal to eat, Herman and Mack related the problem to internal regulation. Working with their colleague, Polivy, they investigated what they saw as the consequences upon a person if the set point theory held true. As Stunkard (1981) puts it, "It is not that they (obese people) are too fat, but that they are not fat enough, that accounts for their behavior" (p. 243) In this viewpoint, restrained eaters are constantly working against the higher set point. If this is true, Herman and his coworkers (1975) suggested that anything that disturbed this harsh guardian, the "keeper of the diet", would lead to greater eating, since restrained eaters are normally experiencing a chronic sense of deprivation. Once the restrained eaters started to eat, they would go, if you'll pardon the expression, "hog-wild", in what Herman terms, "counter-regulation". In one study (1975) restrained and non-restrained eaters were given preloads of milkshakes and then asked to eat ice cream. As predicted, the restrained eaters actually ate more ice cream following higher numbers of milkshake preloads. They explain these results by suggesting that the restrained eaters after having had milkshakes, have their guard

down and so eat more.

Brownell (1982) cites two other studies that have given support to the set point theory. In a semi-starvation study, healthy young men were given only half their usual calories. While initially losing weight, they did not go lower than 75% of their original weight, but instead seemed to stabilize. Another study tried a different tactic to study the set point theory. In this study, attempts were made to get normal weight men to gain weight. Given twice the number of calories as their normal intake, their weight only increased by 14%. After the study was completed, they returned to their normal weight even though they were allowed to eat without restriction. While it is not clear from the description, whether or not these subjects consciously made an effort to return to normal weight, the results are still provocative.

If the set point theory holds true, it would suggest that a dieter is facing a Sisyphean task. Brownell quotes Bennett and Gurin(1982), as saying, "It is not a fair contest. The set point is a tireless opponent. The dieter's only allies are willpower and whatever incentives there are that make chronic discomfort worthwhile"(p. 822) According to these studies, there is some sort of internal calibration that the body has for weight level and it will attempt to maintain this set weight.

Thus we have seen many different ways that researchers have tried to understand overeating and consequent overweight. There are brain studies to examine if there are neurochemical or physiological problems

in the obese. There are studies to attempt to separate out environmental and genetic influences. There are studies of what sorts of diets seem to lead to weight gain. Finally there are studies that seem to suggest that one's weight may be determined early in life and could be quite refractory to change.

Treatment of Obesity. People with weight problems have previously been treated in three ways: drug therapy, surgical procedures, and diet therapy. Amphetamines are no longer prescribed very often, since the drug's effects do not lead to permanent weight loss but do lead to addiction. Surgical intervention by a jejuno-ileal bypass has had major health risks, which are increased for obese clients.

(Orbach, 1978) New diet therapies hit the best seller list each month; one instructing high protein, low fat (Stillman's Diet), the next, high alcohol, low nutrients, (The Drinking Man's Diet). Unfortunately, none of them seem to work. Although it's hard to gather the exact statistics, it has been estimated that 97% of dieters regain the weight they have lost and approximately 90% actually gain back more weight than they lost originally. (Chernin, 1981)) Or as Brownell (1982) puts it, "If 'cure' from obesity is defined as reduction to ideal weight and maintenance of that weight for five years, a person is more likely to recover from most forms of cancer than from obesity."

(p.820) While diets in themselves do not seem to offer any magical cures, the money spent on different aids to weight loss is astounding. Between health spas, fat farms, diet foods and drinks, and programs

guaranteed to make one lose weight, much money is lost, but without the concomitant pounds. Orbach (1978) quotes an estimate that ten billion dollars is spent annually in America to get and stay thin.

Behavioral Approach. One approach that has had some success in treating eating disorders has been behavior modification therapy. In this approach, a person's behavior that requires change is carefully observed. Without attempting to understand or explain why the behavior occurs, various techniques are used to modify this behavior.

Learning theory is used to look at what maintains a maladaptive behavior and what sorts of reinforcers can be found to develop a more adaptive behavior. People are taught such things as not eating while watching TV or putting their fork down between every bite.

Brownell (1982) has found an average weight loss of 1 to 2 pounds per week, but with relatively few patients continuing to lose after treatment ends. He himself notes that there are many who question the clinical significance of a 10 pound loss related to the effort it requires. Brownell replies to this self imposed question with the reply that no approach has had more success. Further research and development of this approach is necessary before deciding if this approach is of use.

Psychodynamic Approach. Traditional psychotherapy has not dealt with either obesity or compulsive eating for the most part. The approach has been that a symptom is a reflection of underlying conflict. If attempts are made to get rid of the symptom, it will only be replaced

with another, until the underlying concept is resolved. Bruch (1973) sees eating disorders in more interactional terms. Similar to Orbach, she sees the main problems as " the inability to recognize hunger and other bodily sensations and a lack of awareness of living one's own life" (P. 50)

Orbach's Approach. Orbach (1976) developed a very different approach for women with eating issues in her book, Fat Is a Feminist Issue. As the title implies, she has used feminist theory, to create an innovative approach to what she terms compulsive eating. Orbach's approach is to help individuals become aware of the symbolic meanings that fat and thin, and food in general have for each person. The next step is to help separate out this symbolic meanings from the actual task of eating.

Orbach has attempted to understand what societal pressures seem to develop and maintain compulsive eating. Unlike the mechanistic dieting approach, which sees a woman's eating problems as merely an imbalance of intake and expenditure of energy, and evaluates the problematic clients as those who are not able to meet the present beauty/health norms, Orbach looks at all the women who are struggling with the deadening consequences of these norms.

Orbach (1982), defines the compulsive eater as someone who eats "without regard to physical cues signalling hunger or satisfaction" (p. 33). One of her goals is to help teach the compulsive eater the difference between physiological "stomach" hunger and nonphysiological

"mouth" hunger. These two seem to have become blurred in their distinctions for the compulsive eater. The compulsive eater, when experiencing difficult feelings, experiences the stress as a signal of hunger, (mouth hunger), which has little physiological base. The triggers that lead to "mouth hunger" need to be identified and dealt with in a more direct, constructive manner.

While problems with expressing feelings seems to be a part of the picture in compulsive eating, there are a lot of other issues that seem to contribute to this problem. Among the reasons that Orbach (1982) lists are:

1. Being out of tune with their body signals.
2. Complicated social meanings of food, feeding, fatness, thinness, dieting and femininity and how women react to these meanings.
3. Unconscious ideas about body image.
4. Avoidance of certain feelings. (p. 35-36)

Orbach believes that, "Eating compulsively and then obsessing about it has a function. It removes you from the immediate confrontation with whatever is causing you so much pain." (p. 58) A major cause of this pain, according to her, is feeling "unacceptable" emotions. A predictable cycle begins to emerge:

A difficult emotion occurs. This leads to some reaction of denial or repression that you come to feel bad about. In an attempt to stave off both the original difficult feeling and the associated feelings it throws up, you eat compulsively. This then leads to feelings of low self-esteem, anger, despair, and so on about the compulsive eating. The original feeling that started the chain is displaced and seemingly uncontactable. You feel pain and alienation. (p. 54)

Compulsive Eating Group. I have run groups for compulsive eaters, based on Orbach's ideas. The women in these groups explored what being fat and thin meant to each of them and they also began to observe what was happening around the times when they compulsively ate. As part of this, they were instructed to note what their thoughts and feelings were preceding their binges. They began to be aware that they were not "eating all the time", as they had previously supposed. Rather, it was at times when they were experiencing complicated feelings of anger, loneliness, or confusion that they would start bingeing. Bingeing did seem to occur when these women had feelings that they felt they couldn't cope with, as Orbach had suggested. Often the feelings that acted as triggers to eat, were the ones the women felt they "shouldn't have", i.e. angry or sexual feelings. It was discovered in these groups that the members felt very uncomfortable with these feelings and had little idea how to deal with them. If experienced, these feelings would raise questions and force decisions that these women felt ill-prepared to face. One woman seemed to express the feeling of many when she exclaimed a wish, "To live in a world where no decisions had to be made, where they were all made by someone else." This dependency and abnegation of control over one's own life seemed preferable to the anxiety stirred up when conflictual feelings were experienced. It seemed an interesting investigation to explore whether other compulsive eaters experienced such difficulties with their feelings.

Stimulated by some of Orbach's ideas, I became interested in

studying compulsive eaters and trying to get a better understanding of why individuals overeat. A second question was to try to understand why women tend more toward compulsive eating.

My work in assertiveness training seemed to hold a clue. Although women are generally thought of as more "emotional" than men, Orbach (1982) reminds us that women are only supposed to express certain emotions. Although these feelings are not expressed, they are still experienced. Orbach suggests that what happens to these feelings is that they are transmuted into some more acceptable forms, such as becoming depressed, or commencing to nag or withdraw.

In terms of assertiveness training, when one has needs or desires, there are three ways of expressing them. These three ways are passively, assertively, or aggressively. Nagging would be an example of aggressive behavior, not respecting the rights of the other person. Becoming depressed or withdrawing are passive behaviors, which don't respect one's own rights. Because women are socialized to meet others' needs at the expense of their own needs, it seemed an important question to see if compulsive eaters have problems with self-assertion.

Men were included in this study to prevent distortion in the selection process, and to help show where there were differences between men and women in terms of such things as assertiveness. However, the main thrust of the study is to look at women's issues around compulsive eating. This is both because the approach is from a feminist perspective and also because issues of compulsive eating and

obesity are much more prevalent for women than for men.

Hypotheses

The hypotheses of this study can be stated as follows:

1. Women scoring high on a compulsive eating scale will score lower on a measure of assertiveness, especially in terms of negative assertions.
2. Women who have a high score on the compulsive eating scale will score higher on a self-alienation scale.
3. Women who score high on the compulsive eating will score higher on a measure of need for external approval.
4. Women who score high on the compulsive eating scale will rate the average woman's figure as smaller than the estimate of other women.
5. There will be a difference between the sex-stereotyped behavior perceived to be associated with fat and thin women.
6. Women who score high on the compulsive eating scale, will have sex-role stereotypes that differ from those who score lower on the compulsive eating scale.

In the next section, I will describe how the experiment was designed in order to help answer these hypotheses.

C H A P T E R I I

METHODS

Introduction

In this chapter, the sample will be described and then the development of the Compulsive Eating Questionnaire. Following this will be a description of the various instruments that were used in this study.

Sample

Two subjects were dropped whose questionnaires had been only partially completed. This left a total of 98 males and 132 females in the study. Of these participants, 15 considered themselves underweight, 132 saw themselves as normal weight, and 67 listed themselves as overweight, with 15 subjects not responding. In terms of restrained eating, 50 maintained their weight by exercise, 15 by dieting alone, 57 by dieting and exercise, including two who use laxatives as well.

Ninety-one reported using none of the mentioned techniques (exercise, dieting, vomiting after eating, taking laxatives) to maintain their weight. All the participants were students, which was reflected in the narrow age span. The subjects ages ran from 18 to 42 years old with only 13 subjects above 23 years old. Of those that reported their religion, there were 103 Catholics, 37 Jews, 41 Protestants, and 9 who reported themselves simply as other. The majority of the subjects were Caucasian, with 5 Asians, 4 Blacks, 4 Hispanic, and 7 other.

Development of the CEQ

In order to select out compulsive eaters from the general population, a questionnaire was developed that pooled questions from a number of sources which were then added to questions developed by the author. Stunkard's (1981) Restrained Eating Questionnaire, J. Wollersheim's (1970) Eating Patterns Questionnaire, and questions from part of a questionnaire by Mort Harmatz (in development) were all used as resources. Because various researchers have conceptualized eating problems in different ways, it was deemed important by the researcher

to develop a Compulsive Eating Questionnaire rather than using any of the above instruments.

Several areas were included in the questionnaire which would seem to be the main components in the constellation of compulsive eating. The first is an anxiety and rumination around eating and body size, as in item 148, "I worry about not being thin enough." A second component was a connection between body size and self-esteem, as in item 156 "A weight fluctuation of five pounds changes how I feel about myself." The next component was a sense of feeling out of control around food, as in item 153, "I avoid 'stocking up' on tempting foods." Yet another component was that of being out of touch with hunger sensations as in item 5, "I find it hard to know when I feel full, during a meal." The final component that was attempted to be put in the questionnaire was a cycling of bingeing and dieting, as in item 158, "I seem to alternate bingeing and eating every thing in sight."

Some of these factors are obviously relate. For example, the anxiety around eating is bound to connect somewhat with concern about body size. However, no one factor represents compulsive eating; it is rather a syndrome. This questionnaire was an attempt to identify people with this syndrome.

Other Instrumentation

Here is a description of the instruments used in this study.

The Positive and Negative College Self Expression Scale (PNCSES). The first scale, "The Positive and Negative College Self-Expression Scale",

(PNCSES), was developed by jeff M. Lohr. It is comprised of all the CSES items developed by Galassi et. al. (1974) plus items which were intuitively generated. It is still in the process of being validated.

The initial CSES was developed to measure assertiveness:

The scale attempts to measure three aspects of assertiveness; positive, negative, and self-denial. Positive assertiveness consists of expressing feelings of love, affection, approval and agreement. Negative assertions include expressions of justified feelings of anger, disagreement, dissatisfaction and annoyance; whereas, self-denial includes overapologizing, excessive interpersonal anxiety and exaggerated concern for the feelings of others. Low scores are indicative of a generalized nonassertive response pattern. (p. 168)

This questionnaire was used because of Orbach's concept that compulsive eaters were "stuffing down" their feelings with food. It must be noted that the PNCSES is not a reflection specifically of being in touch with one's feelings but rather how one is able to deal with these feelings interpersonally.

Alienation Index Inventory (AI); self-alienation subscale. Another way of examining an individual's ability to be in touch with their feelings is the self-alienation subscale of Turner's (1968) Alienation Index Inventory (AI). The AI is a 45 item inventory scale consisting of nine five-item subtests. The core concept is described as "relating to the feeling of disengagement and distance which a person may have with respect to different aspects of his or her life" (personal communication). The subtest that was used in this study, the self alienation core, is described this way.

It is difficult to separate negative self perception from 'alienation from self', but in the latter, the issue is mainly the degree to which the individual perceives him or herself and his or her behavior to be ego-alien. There should be an indication of the individual's perception of a discrepancy between his ideal self and present self (personal communication)

It seemed that if a person was not allowing him or herself to feel certain feelings they would end up scoring higher on the self-alienation subscale. The reliability coefficient for internal reliability for this scale was found by Turner to equal .93 based on the testing of 104 males between the ages of 16 and 22. Although no data is available on females, the author considers the scale to be relevant to both males and females. A high score reflects a high degree of self-alienation.

The Irrational Beliefs Test (IBT); external approval subscale. The scale used to measure a tendency to need outside approval, was a subscale of The Irrational Beliefs Test, developed by Jones (1968). This test was developed as a factored measure of Ellis' irrational belief system. Ellis has postulated a system of beliefs common in our culture which are inherently irrational. This instrument was constructed to measure these beliefs using factor structure as criteria. Initial item selection was by consensual validation of content with judges. After administration to a student sample, the scores were factor analyzed and factors defined by the irrational beliefs. The final instrument, the IBT, consists of 100 items measuring ten irrational beliefs in separate scales, all of them

validated against orthogonal factors. The subscale used in this study is made up of ten statements, each of which is evaluated on a five point scale, ranging from strongly agree to strongly disagree. A high score on the external approval subscale reflects a high need for external approval.

The Women's Silhouette Scale (WSS). The Women's Silhouette Scale was developed by the author out of an exercise by Davina Miller. It consists of five outlines of women's figures, ranging from very thin to very heavy. The subjects are asked to refer to this diagram in answering the following questions.

F1) Which of the above figures best represents the average shape of a woman?

F2) Which of the above figures best represents the ideal shape of a woman?

At this point men are instructed to move on to the following questionnaire, while women are asked:

F3) Which of the above figures best represents your shape?

F4) Which of the figures best represents your ideal shape?

The Spence-Helmreich Personal Attributes Questionnaire (PAQ). The questionnaire chosen to measure sex-role stereotype was the Spence-Helmreich (1975) Personal Attributes Questionnaire. This questionnaire is divided into three eight item scales, labeled Masculinity (M), Femininity (F), and Masculinity-Femininity (M-F). Each item is scored from one to five, a high score on items assigned to

the M and M-F scales indicating an extremely masculine response and a high score on the F scale items indicating as extremely feminine response. Total scores are obtained on each scale by adding the individual's scores on the eight items. The range of values is thus 8 to 40 for each scale.

The M scale is devised so that a high score represents the subject rating themselves as having stereotypical male behaviors (mostly instrumental or what has been described as a sense of agency, see Spence et al, 1975) that are valued in both sexes. The M-F scale, differs in that a high score reflects having male stereotyped behaviors that are admired in men but not women. A low score on the M-F scale would thus reflect having values that are admired in females but not males.

Modified PAQ. In addition, the author modified the PAQ in an attempt to measure if fatness or thinness in women is associated with certain sexroles. Stereotypic male behaviors are usually seen as instrumental while female behaviors are seen as more expressive (Spence, et al. 1975) In terms of fat being a feminist issue, it seemed useful to examine whether there is a generally held notion of how fat and thin women should behave that lines up with sexroles. For example, is a thin woman seen as high on a femininity scale but low on a masculinity scale? If so this would give credence to Orbach's idea that women at some level chose to become fat in protest against the rigid definitions our society imposes upon women.

I altered the PAQ so that it read, "A thin woman tends to be..." On the second administration of the PAQ it read, "A fat woman tends to be..." The instructions stated, "First impressions of people often provide useful information. We'd like you to think of women who are thin, and rate them on the following qualities." Similar instructions were given with the second administration, when the subjects were asked about fat women.

Procedures.

The following is a description of the procedures used in this study.

The experimenter went to several introductory psychology courses and recruited subjects to participate in an experiment studying "general feelings and attitudes". The classes were told that they would be filling out a series of questionnaires and that the experiment would take approximately an hour to complete. They were also informed that they would receive an experimental credit for participating in the experiment.

There was no sign up for the experiment. Instead, hours were posted with locations shown for group administration of the questionnaire. The purpose of the study was purposefully left vague so that compulsive eaters would not self select themselves for participation. When the subjects arrived, they were given a consent form by the experimenter or one of her two assistants. The subjects were asked to read over the consent form and to sign it if they wanted

to participate in the study. After returning the consent form, each subject was given the questionnaire along with the following instructions:

"Here is the questionnaire. Please fill in the identifying information and then procede to the questionnaire. You are to put all responses on the opscan forms. Please do not make any marks on the questionnaire itself. If there are any questions where you can't decide between two responses, please choose the response that fits best rather than leaving any questions blank. If you have any questions, please feel to ask."

After it was verified that they had completed the questionnaire each subject received a credit slip for one hour's participation along with a copy of a written explanation of the experiment. Any further questions were answered at this time. (See appendix for a copy of the questionnaire along with the consent and feedback forms.)

CHAPTER III

RESULTS

Introduction

The main purposes of this study were: 1) to investigate whether compulsive eaters have difficulties being in touch with their feelings and expressing them to others (assertiveness) and 2) to examine general attitudes towards women's body size. This chapter reports the analyses of the data which investigated how compulsive eaters measured on a variety of scales. Compulsive eating was measured by a questionnaire that was developed by the author. This questionnaire was factor analyzed and a reliability test was run as well. The development of the Compulsive Eating Questionnaire is described. Then the responses to each questionnaire are reviewed.

Development of the Compulsive Eating Questionnaire.

After administering the questionnaire to a large subject pool, the compulsive eating questionnaire was analyzed for internal reliability. A factor analysis was then run to ensure that the factors intended to make up the syndrome of compulsive eating were actually being measured by this questionnaire. The factor analysis was run on this questionnaire using first four and then five factors. The five factor results were similar to those of the four factor analysis, with the fifth factor merely being a question that had had a low correlation with the other items of the test. The four main factors could be described in the following way.

- 1)A tendency to eat for other feelings
- 2)An alternation of dieting and binging
- 3)A sense that one is not thin enough and must thus restrict eating
- 4)A feeling of being out of touch with one's hunger

(See Table 4 for a listing of the four factors)

The fifth factor contained only one item, question 13, "I rarely feel hungry".

A test of internal reliability had been run on the questionnaire as a whole. The alpha was found to be equal to .905 for the questionnaire. When the two items with the lowest correlation were removed, item 13(see above) and item 2, "I am more likely to overeat

when alone, than when I am with others." the alpha was still found to equal .905.

Weights. There was a positive correlation found between scores on the CEQ and subjects estimates of how overweight they were. This correlation held for the total subject pool (.5533 $p=.001$), men only (.5092 $p=.001$), and women only (.5021 $p=.001$) The questionnaire seemed to include the major factors that measure the compulsive eating syndrome. All the items seemed to be measuring the same concept as well, as measured by the internal reliability. With this information, the investigator felt the instrument was effective in separating out compulsive eaters from the general population for this exploratory study.

Initially, we had planned to contrast the top 25th percentile with the bottom quartile of the CEQ on a variety of measures. However, because the analysis would involve a break down by sex, it was decided to retain the whole subject pool in the correlational studies to insure a larger data base for any given analysis.

Male subjects scored significantly lower on the CEQ than women, which supported the belief that compulsive eating is a bigger issue for women. A T-Test run on the means of men and women, 49.1 and 60.2 respectively, was significant at $p=.001$. The men's scores ranged from 25 to 82, while the women's scores ranged from 35 to 105. The next step was to correlate the CEQ with the other questionnaires.

Correlation of the CEQ with other measures.

Pearson Correlations were run on the CEQ and various other measures. The results are summarized in table three. The correlations were run for the whole subject pool as well as selecting out for men or women only. Each test will be discussed individually.

The PNCSES. The PNCSES can be broken into a score for positive assertions and negative assertion, as well as providing a total assertiveness score. When responses of men and women were analyzed together, the correlation with the CEQ was insignificant except for a negative correlation with negative assertion. When only the male respondents were used, no significant correlation was found for any part of the PNCSES. When only the women's scores on the CEQ were examined, a negative correlation was found with positive assertions ($-.2023$ $p=.010$), negative assertions ($-.2180$ $p=.006$), and with assertiveness in general ($-.2299$ $p=.004$).

The Women's Silhouette Scale. Men' scores for how they saw the average and ideal woman's shape had no correlation with their level of compulsive eating. For women, the greater their score on the CEQ the smaller they saw both the average woman and also the ideal woman, on the Silhouette Scale. The correlation between the CEQ and the estimate of the average shape of a woman was $-.1788$ $p=.020$ and the correlation of the CEQ and the estimate of the ideal woman's size was $-.2738$ $p=.001$. Each woman respondent was then asked two further questions, to identify her own figure (F3) on the scale, and then her ideal figure (F4) Compulsive eaters estimated their own figure as large (positive

correlation of CEQ and WSS score equal to .4400 $p=.001$) and their ideal figure as small (negative correlation of CEQ and score of F4 on the WSS equal to $-.2081$ $p=.008$).

Self-Alienation subscale of the AI. This index was positively correlated with high scores on the CEQ for the total subject pool (.1751 $p=.004$), for male compulsive eaters (.3194 $p=.001$), and for female compulsive eaters (.1840 $p=.017$).

Need for External Approval (subtest of the IBT). There was a significant correlation between high scores on the CEQ and a high need for external approval (.2181 $p=.001$). When this was examined according to sex, no correlation was found for male compulsive eaters, but a significant relation held for the women subjects (.2898 $p=.001$).

Spence-Helmreich PAQ. The Personal Attributes Questionnaire showed a negative correlation with the CEQ on the Masculinity scale ($-.1797$ $p=.003$), and the Masculinity-Femininity scale ($-.2470$ $p=.001$) and no significant correlation with the Femininity scale for the total subject pool. When the results were broken down by sex, there were no significant correlations for male compulsive eaters, but negative correlations for women compulsive eaters on the M scale and the M-F scale ($-.1664$ $p=.028$ for the M scale and $-.1691$ $p=.026$ for the M-F scale).

Further analysis of the data.

In addition to correlating the CEQ with several measures, further analyses on the PNCSES, the Spence-Helmreich PAQ, and the Women's

Sillhouette scale (WSS) were performed.

The PNCSES. To help put these results in context, T-Test were run between the mean scores of the men and women respondents on all three of the PNCSES scores. Women subjects were significantly higher in their scores for both general and positive assertions. There was, however, no significant difference between men and women in terms of expressing negative assertions.(Table 5)

Spence-Helmreich PAQ. This scale was modified by the author to examine stereotypes about fat and thin women. A T-Test was run to see if thin women were seen as demonstrating different sex stereotyped behavior than fat women by the subjects. (Table 5) The total subject pool rated thin women higher than fat women on the M scale lower than fat women on the F scale, and higher than fat women on the M-F scale. all at the $p=.001$ level. Men rated thin women higher M score ($p=.001$), lower on the F score ($p=.006$), with no significant difference shown between ratings of fat and thin women on the M-F scale. Women rated thin women higher on the M scale, lower than fat women on the F scale, and higher than fat women on the M-F scale, all at the $p=.001$ level.

Women's Sillhouette Scale. It seemed of interest to see if men and women differed in terms of what they felt represented the average and ideal shape of a woman. Therefore, a T-Test was run on sex by F1, the average shape and F2, the ideal shape of a woman. The results were somewhat surprising. While women and men tended to agree on their ratings of the average shape of a woman, women subjects chose a

significantly thinner silhouette than the male subjects to represent the ideal woman ($p=.001$) (See Table 5)

Body Discrepancy Score. Finally, a score was developed to measure the difference between how subjects saw themselves and how they'd like to be. This "Body Discrepancy" was calculated simply by the equation, $F3-F4=BD$, or real body size minus ideal body size. The results of this analysis was that only 37.1% of the women were satisfied with their body size, with 5.4% wanting to be heavier and 57.6% wanting to be thinner. The scores of subjects who wanted to be heavier were dropped so that only those subjects whose BD were greater or equal to zero remained. The BD score was then correlated with the PNCSES, the CEQ, the self-alienation subscale, and the external approval subscale. The Body Discrepancy Score did not correlate significantly with any of the scores on the PNCSES or the external approval subscale. However, it had a positive correlation with both the CEQ ($.6260$ $p=.001$) and the Self-Alienation subscale ($.1757$ $p=.025$). (Table 7)

C H A P T E R I V

DISCUSSION

Introduction

The central purpose of this study was to investigate the suggestion that compulsive eating, was in part, a reflection of a woman's being restricted in the range of emotions she is allowed to feel and express in our society. Particularly, it was suggested that women are put in a nurturing role and are supposed to meet others' needs. She herself is not supposed to become angry or express any other negative feelings that would disturb others. She is, in a sense, the peace keeper. Several questionnaires were correlated with a questionnaire developed to differentiate compulsive eaters, from the general population, in order to examine these hypotheses. These included questionnaires that measured positive and negative assertions, self-alienation, sex-typed behaviors, and tendency to need external approval.

The second part of the study examined the meaning (in terms of sex stereotyped behaviors) of women's bodies being fat and thin, by means of a modified Spence-Helmreich PAQ. Also a scale was devised to query what men and women saw as the average and ideal woman's size. This was measured with The Women's Silhouette Scale.

Discussion of Results

The first test revealed that male subjects scored lower than female subjects on the Compulsive Eating Questionnaire. This difference was statistically tested and found significant at the $p=.001$ level. It is known that "obesity is more frequent in women than men and also that prevailing social and cultural factors make overweight more of a stigma for women than for men" (Bearce, 1981). Therefore there seems to be something in both obesity and compulsive eating that is an issue particularly for women.

The PNCSES. Male subjects showed no significant relationship between their compulsive eating (CE) score and their scores on the PNCSES, as expected. If compulsive eating is a feminist issue, and the instruments used in this study serve as a partial explanation for the difficulties women experience in our society that might lead to compulsive eating, then one would expect that women compulsive eaters would show significant correlations with these measures while men would not. Indeed it was found that female subjects scored significantly higher than male subjects on the general assertiveness score ($p= .001$). When this score was broken into it's two components, it was found that

this difference was related to women's scores being significantly higher in expressing positive assertions ($p=.001$) . This difference would be expected given that women's behaviors are generally stereotyped as expressive behaviors (Spence et al,1975). Women were not found to be significantly different from men in their scores for expressing negative assertions, which was not expected. However, when the CEQ was correlated with the PNCSES and its subscales, a significant negative correlation was found for all three scores. Thus, while female subjects in general were more able than male subjects in expressing positive assertions, and scored at the same level in expressing negative assertions, the more women subjects showed evidence of compulsive eating (as measured by the CEQ) the lower they scored on both positive or negative assertions. This might suggest that women who are feeling more conflicted about being both nurturant and setting limits, end up eating from the anxiety that is aroused.

The Alienation Index Inventory. The AI Inventory was the only measure, besides weight, that correlated with the CEQ when the male subjects were included in the analysis. Perhaps alienation is a component of compulsive eating in both men and women, but the issue of assertiveness has different implications for each sex in our society. There was also a significant positive correlation between women compulsive eaters and alienation. If alienation is a reflection of being cut off from one's feelings, then these results would give further support to the idea that compulsive eaters are cut off from their feelings.

The Spence-Helmreich PAQ. While there was no relationship found in the analysis men's responses to the CEQ and the PAQ, the women's showed significant negative correlations with both the M scale and the M-F scale of the PAQ. Women scoring higher on the CEQ rated themselves low on male-valued behaviors. They also see themselves as having more of those behaviors that are only admired in women, than those behaviors that are only admired in men. Since there was no significant correlation with the F scales, (those feminine characteristics admired in both men and women) it is assumed that these results reflect a lack of male associated behaviors. However, the M-F scale itself is ambiguous in terms of how one can interpret it, since one is unsure whether the score reflects a high degree of one type of characteristic or simply a low amount of the other sex-typed behaviors.

The IBT Subtest (Need For External Approval). The men's scores on the CEQ showed no correlation with the IBT subtest. In the women's, however, there was a significant correlation ($p=.001$). This would suggest that women compulsive eaters tend to feel a greater need to seek outside approval. Once a woman is caught up in the bind of seeking approval externally, her self-esteem will have a tendency to fluctuate as much as the stock market. Women compulsive eaters were found to feel that their bodies were too large (see BD Measure). So while they depend more upon external approval, the first way someone is going to judge them; they see their external appearance as inevitably leading to rejection and disapproval.

The Modified Spence-Helmreich PAQ. Asked to compare the typical thin woman to the typical fat woman, male subjects placed thin women higher on the M scale, lower on the F scale, with no significant difference showing on the M-F scale. The women rated women in a similar way, except that they also rated the thin woman higher on the M-F scale. Thus thin women are seen as more capable, but less emotional than fat women. One could also interpret this to mean that fat women are seen by the subjects as having less valued characteristics, independent of whether they are stereotypically masculine or feminine behaviors.

The Women's Silhouette Scale. The higher female subjects scored on the CEQ, the smaller they estimated the average woman's size, which confirms the experience the writer had in leading compulsive eating groups. Women scoring higher on the CEQ also rated a more extreme thin figure as their ideal. This suggests that they must feel judgemental with themselves, creating an unrealistic self-expectation of how they should appear in order to be found satisfactory. The more a woman rated herself as a compulsive eater, the larger she rated herself on this scale. As the procedure provides no way in which to verify whether this was a distorted or accurate image, interpretation of this result is limited.

One of the most interesting results of this study was found when the scores for the average woman and the ideal woman on The WSS were separated by sex. While women and men agreed on which figure represented the average figure of a woman, they disagreed on the ideal

woman's figure. A T-Test was run and it was found that women actually described the ideal woman as significantly thinner than men did. It would seem that women have internalized these extreme and impossible ideals of thinness that they then illussively try to capture through dieting, presumably to meet what they assume to be men's ideal.

The Body Discrepancy Score. The difference between how a woman saw herself and how she would like to be was measured by this score. A result of this analysis was that only 37% of the women felt satisfied with the size of their body. This Body Discrepancy Score (BD) was found to correlate highly with the CEQ ($p=.001$) and the AI ($p=.025$) but not with the PNCSES or the IBT external approval subscale. This would suggest that dissatisfaction with body size is a major component but that there are other components, including a difficulty in expressing assertiveness, within the concept of compulsive eating.

A Reinterpretation of Compulsive Eating.

The health hazards of obesity have been widely published. However, the research is far from clearcut. Brownell (1982) has made a review of these studies and notes that while most studies show that gross obesity is associated with great health risks, the danger is not clear for persons less than 30% overweight. He cites Andres (1980) study, where Andres "reanalyzed data from prominent epidemiological studies and found no relationship between obesity and mortality anywhere below 30% overweight, thus questioning the need for weight reduction in mildly obese persons" (p. 821 Brownell).

So why all the dieting fanaticism? Concern about women being thin enough is a way of keeping women feeling powerless. As long as she is unable to meet the standards of being found attractive, she is put down, feeling inadequate and helpless. The heavy influence on dieting, besides being quite lucrative, is a way of making women feel inadequate and constantly trying to reach a standard that is impossible to attain.

Diets that have been promoted through the health profession and the media, promise all sorts of good things to women who become thin. But, the research cited above suggests that dieting is not very effective and actually can lead to weight gain.

Orbach's Theory in Relation to the MRI Theory of Change

It is useful to look at dieting in terms of the Mental Research Institute's concept of therapy and change. In the book Change (1974) they explain how many problems of individuals who come into therapy are stuck, not because they don't have the willpower to change, but because they are trying too hard to change. It seems logical if there is a problem, then one should do its opposite. For example, if one is gaining weight one diets. When this doesn't work, one tries harder to diet. It seems a very hard concept to accept that dieting doesn't work. Another example given is the insomniac. The more the person "tries" to get to sleep, the worse the problem becomes. Perhaps appetite regulation is a similar automatic and spontaneous response. However, when one is told that one is not thin enough, (evaluated by a ridiculous ideal) one interrupts the natural process. The way that the

people at MRI work is that rather than chastize a person into changing, and facing their resistance head on, they use paradox. When paradox is used, there are two levels of the message, so that whatever the client chooses to do is working with the therapist. This might be easier to understand if an example is given. Orbach, in her approach to compulsive eating, has intuitively come up with a lot of the strategies that MRI has found to effect change.

She prescribes the symptom. Rather than telling a client not to do a behavior, the MRI group encourage the person to continue and even increase the behavior. Orbach tells the dieter to not only stop dieting, but actually eat as much as they'd like. In part my understanding of how this works is that a person's anxiety that they are out of control around a certain behavior causes them to develop maladaptive strategies that don't allow them to pick up cues from their body. By telling them to risk "going wild", they discover that they are not out of control. When a compulsive eater goes around thinking she is out of control all the time, she will at the same time try to inhibit her eating and also sneak binge, because she fears that she'll never be allowed herself to eat without restrictions. But in remaining in a feeling of constant deprivation she eats in reaction to the deprivation rather than her hunger.

She Reframes the Behavior. Much of reality is what we make of it. Most compulsive eaters feel that they are ugly, weak-willed, passive and hopeless. When Orbach frames being large, not in negative terms,

but instead positive terms, that the compulsive eater is fighting against sexist oppression, she creates a situation where the person's self-esteem is no longer debilitated by the behavior. People who are angry and disgusted with themselves are too pushed down by their inside critical voices to change. Orbach creates a situation where the client can actually be proud in some sense, of the symptom.

She Assumes the Behavior She Wants to Change. The MRI group work in such a way that rather than work on making a person behave in a new way, They ask for a behavior that presumes the behavior that is wanted to change. John Liddle gave an example recently, of this approach. A woman complained of having no sexual feelings. She was instructed, that she should go home and once in the next two weeks, she should come on to her husband, but when he became interested, she should make it difficult for him. One of the many levels of this exercise, is that rather than working on her experiencing sexual feelings, she is told to come on to her husband, which presumes her being able to feel sexy. Orbach, in the same way, has compulsive eaters pay attention to their feelings so that they can know when the hunger they are experiencing is just a mental craving and when it is actual stomach hunger. In this way, rather than telling them to be more in touch with their feelings they are told to pay attention to when they are hungry, which presumes their being more in touch with their feelings.

She Gives An Injunction. Rather than being told how wonderful their lives will be when they are thin, they are helped to see through

fantasy, the disadvantages of being thin and the advantages of being fat, thus being dissuaded from changing.

She Challenges the Utopian Syndrome. Orbach helps the compulsive eater explore the fantasies of what the idealized thinness means to the person, whether it means love acceptance, sex, respect, or whatever. She then helps the person realize that if they lose weight, their body will be smaller and that's about it. Thus the behavior is not magically connected to all sorts of ideals that the person doesn't find, leading to an intensification of dieting and bingeing.

Limitations of the study

There are several limitations to this study that need to be mentioned. The fact that it is a correlational study means that there is no way of predicting cause and effect. We cannot know whether alienation leads to compulsive eating or compulsive eating leads to alienation. We only know that a person scoring high on the CEQ also tends to score high on the self-alienation scale. Even the correlation only explains a small part of the variance.

The sample studied was limited to college students, due to their ready availability and also the fact that adolescence is a time when consciousness of body size and eating is heightened. This meant that the subject pool represented a certain select group socioeconomically. It also meant that there was only a small range of ages represented.

In the discussion terms such as compulsive eating and alienation were used. It must be remembered, however, that the questionnaires are

only purported to attempt to measure these aspects of a person. Also, it is hard to know, with self-report, both how honest and how able the subjects are in attempting to answer the questions.

This study has attempted to look at a very complex behavior. It would seem that compulsive eating is created by multiple interactions at the physiological and psychological levels. An attempt was made to differentiate between some of the sociological differences between men and women in our society which might help in explaining why compulsive eating occurs. It must not be forgotten, that men and women have very different metabolisms, and that this by itself might account for the reason that more women than men are compulsive eaters.

Suggestions for further research

There are several leads that would be interesting to follow. It would be most useful to look at a more varied population in terms of weight, age, and socioeconomic background. A life history could be gathered from subjects around their eating habits, and one could compare those who have compulsively eaten all their lives, to those who started at a later time.

There seems to be confusion in the literature between the similarities and dissimilarities of obesity and compulsive eating. This could be clarified by studying obese and non-obese compulsive eaters on a variety of different measures.

The ceq is admittedly only an exploratory instrument devised for this study. It would be useful to develop the factors into subtests.

It would also be of interest to correlate it with other measures to increase our understanding of compulsive eating. If given to a larger and more varied population, it might be possible to develop norms for the questionnaire that would allow more varied statistical manipulations.

Conclusions

This study has been of great use in helping to sharpen the definition of compulsive eating. Two questionnaires have been developed, The Compulsive Eating Questionnaire and the Women's Silhouette Scale. These instruments could be of great use in studying our society's present obsession with dieting and thinness.

While significant correlations were found for the female subjects on most of the measures and the CEQ, these correlations were rather small. Therefore, they only explained a small part of the variance of the CEQ. This suggests that compulsive eating is quite a complex phenomenon, that warrants further research.

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APPENDIX A
TABLES

Table 1

DEMOGRAPHICS OF THE SAMPLE

Variable	# of Subjects
RELIGION	
CATHOLIC	103
JEWISH	37
PROTESTANT	41
OTHER	9
ETHNIC ORIGIN	
ASIAN	5
BLACK	4
EUROPEAN/WHITE	195
HISPANIC	4
OTHER	7
WEIGHT	
UNDERWEIGHT	17
NORMAL WEIGHT	132
OVERWEIGHT	67
MAINTAIN WEIGHT BY:	
EXERCISE	50
DIETING	15
EXERCISE AND DIETING	55
VOMITING AFTER EATING	0
LAXATIVES	2
NONE OF THE ABOVE	91

Table 2

INTERNAL RELIABILITY
OF THE C.E.Q.

Item	Mean	Std. Dev.
E1	2.6	1.1
E2	3.2	1.2
E3	2.9	1.2
E4	2.7	1.3
E5	2.3	1.0
E6	3.1	1.4
E7	3.1	1.1
E8	2.8	1.2
E9	2.4	1.0
E10	2.6	1.3
E11	3.4	1.1
E12	2.7	1.1
E13	2.2	0.9
E14	3.3	1.3
E15	3.4	1.0
E16	2.4	1.2
E17	3.5	1.2
E18	2.9	1.1
E19	3.2	1.0
E20	2.5	1.2
E21	2.3	1.0
E22	2.0	1.1

note: The Cronbach Alpha = .905

Table 3

CORRELATION OF COMPULSIVE EATING QUESTIONNAIRE
WITH OTHER INSTRUMENTS

	C. E. Q.		C. E. Q.	
	Male and Female	Male Only	Female Only	
TOTAL ASSERTIVENESS	-.0759	-.0755	-.2299	**
Positive	.0283	-.0273	-.2180	**
Negative	-.1348 *	-.0939	-.2180	**
SILLOUETTE (Average Woman)	-.1403 *	-.0389	-.1788	*
SILLOUETTE (Ideal Woman)	-.2141 ***	.2090	-.2738	***
SILLOUETTE (Self)	-----	-----	.4400	**
SILLOUETTE (Ideal Self)	-----	-----	-.2086	**
SELF-ALIENATION	.1751 **	.3194 ***	.1840	*
EXTERNAL APPROVAL	.2181 ***	.1184	.2898	***
WEIGHT (Self - report)	.5533 ***	.5092 ***	.5021	***
MASCULINITY SCALE	-.1797 **	-.1382	-.1664	*
FEMININITY SCALE	.0925	-.0256	.0420	
MASCULINITY-FEMININITY	-.2470 ***	-.1251	-.1691	*
*p .05	**p .01	***p .001		

Table 4

FACTOR LOADINGS FROM
THE FACTOR ANALYSIS OF THE C.E.Q.

Factor One: Ruminating about dieting and thinness

20. I feel guilty when I eat	.70
6. I worry about not being thin enough	.69
10. I am able to maintain my weight without dieting (R)	.65
4. I think of myself as overweight	.60
11. I avoid "stocking up" on tempting food	.60
14. A weight fluctuation of 5 lbs. changes the way I feel about myself	.60
22. I find myself worrying about the next time I'm going to overeat	.48
18. I am pleased with my body (R)	.39

Factor Two: Eating for other feelings

8. I eat to give myself a "lift"	.65
12. I eat when I'm upset	.62
9. Eating takes my mind off my problems	.56
17. I eat when I'm bored	.48
15. I don't think much about food (R)	.45
7. I find myself eating even when I've planned not to	.43
2. I am more likely to overeat when alone, than when I'm with others	.33

Factor Three: Out of touch with hunger

1. When I start eating, I have no difficulty stopping (R)	.55
5. I find it hard to know when I feel full, during a meal	.50
21. I am in control of my eating (R)	.40

Factor Five: Rarely feel hungry

13. I rarely feel hungry (R)	.64
------------------------------	-----

note: (R) means reverse scoring

Table 5

T-TEST OF SEX BY VARIABLE

VARIABLE	SEX	MEAN	2 tailed probability
ASSERTIVENESS	M	229.4	.001 *
	F	240.0	
Positive	M	91.7	.001 *
	F	100.2	
Negative	M	137.6	.325
	F	139.8	
COMPULSIVE EATING	M	49.1	.001 *
	F	60.2	
AVERAGE WOMAN'S FIGURE	M	3.2	.161
	F	3.1	
IDEAL WOMAN'S FIGURE	M	2.6	.001 *
	F	2.3	

*p .001

Table 6

BODY DISCREPENCY FREQUENCIES

Real minus Ideal Silhouette (F3-F4=BD)	# of Women	% of Total
-3	1	0.8
-2	1	0.8
-1	5	3.8
0	49	37.1
1	66	50.0
2	10	7.6
	132	100.0

Table 7

CORRELATIONS BETWEEN BODY DISCREPENCY
SCORE AND OTHER VARIABLES

Variable	Pearson Correlation
ASSERTIVENESS	-.079
POSITIVE	-.010
NEGATIVE	-.112
COMPULSIVE EATING	.626 ***
SELF-ALIENATION	-.176 *
EXTERNAL APPROVAL	-.015
<p>*p .05 **p .01 ***p .001</p>	

Appendix B
ORIGINAL QUESTIONNAIRE

PNCSES Questionnaire

The following inventory is designed to provide information about the way in which you express yourself. Please answer the following questions by marking over the appropriate number, according to your own reaction to the item:

Mark over #1 if Always or Almost Always
Mark over #2 if Usually
Mark over #3 if Sometimes
Mark over #4 if Seldom
Mark over #5 if Never or Rarely

Be sure to select your answer to each item on the basis of what you are most likely to do rather than on the basis of what you would prefer to do. It is important to remember that there are no "right" or "wrong" answers to items like these. The only thing that is important is that your answers represent as closely as possible what you would actually do in these different social situations.

Please mark your responses on the attached answer sheet by placing an **Q** over the number corresponding with your response.

Always or Almost Always	Usually	Sometimes	Seldom	Never or Rarely
1	2	3	4	5

- 1) Do you ignore it when someone pushes in front of you in line?
- 2) If you hurt a friend's feelings, would you apologize?
- 3) When you decide that you no longer wish to date someone, do you have marked difficulty telling that person of your decision?
- 4) If a stranger seems to need assistance carrying some packages to a car, would you ask the person if they needed help?
- 5) Would you exchange a purchase you discover to be faulty?
- 6) Is it difficult for you to compliment and praise others?
- 7) If you decided to change your major to a field of which your parents will not approve, would you have difficulty telling them?
- 8) If you see a small child in a store who is crying and looks lost, would you go to the child and offer assistance?
- 9) Are you inclined to be over-apologetic?
- 10) If a friend is grieved at the loss of a close relative or friend, are you able to express your sympathy and empathy?
- 11) If you were studying and if your roommate were making too much noise, would you ask him/her to stop?
- 12) Do you find it difficult to tell a friend the qualities about him or her that you like?
- 13) If you are angry at your parents, can you tell them?
- 14) If a friend seems to be sad or blue, would you be hesitant to ask what was on his/her mind?
- 15) Do you insist that your roommate does his/her fair share of the cleaning?

Always or Almost Always	Usually	Sometimes	Seldom	Never or Rarely
1	2	3	4	5

- 16) If you find yourself becoming fond of someone you are dating, would you have difficulty expressing these feelings to that person?
- 17) If a friend who has borrowed \$5.00 from you seems to have forgotten about it, would you remind this person?
- 18) If you have a close friend whom your parents dislike and constantly criticize, would you inform your parents that you disagree with them and tell them of your friend's assets?
- 19) Is it easy for you to confide in members of the opposite sex?
- 20) Do you find it difficult to ask a friend to do a favor for you?
- 21) If food which is not to your satisfaction is served in a restaurant, would you complain about it to the waiter?
- 22) Are you overly careful to avoid hurting other people's feelings?
- 23) If your roommate, without your permission, eats food that he/she knows you have been saving, can you express your displeasure to him/her?
- 24) If a salesman has gone to considerable trouble to show you some merchandise which is not quite suitable, do you have difficulty saying "no"?
- 25) Do you find it easy to confide in members of the same sex?
- 26) Do you keep your opinions to yourself?
- 27) If friends visit when you want to study, do you ask them to return at a more convenient time?
- 28) Are you able to express love and affection to people for whom you care?
- 29) If you were in a small seminar and the professor made a

Always or Almost Always	Usually	Sometimes	Seldom	Never or Rarely
1	2	3	4	5

statement that you considered untrue, would you question it?

- 30) If someone you respect expresses opinions with which you strongly disagree, would you venture to state your own point of view?
- 31) On a job interview, do you have difficulty describing your positive assets?
- 32) Do you go out of your way to avoid trouble with other people?
- 33) If after leaving a store you realize that you have been "short changed," do you go back and request the correct amount?
- 34) If a person of the opposite sex whom you have been wanting to meet smiles or directs attention to you at a party, would you take the initiative in beginning a conversation?
- 35) If a friend makes what you consider to be an unreasonable request, are you able to refuse?
- 36) If a close and respected relative were annoying you, would you hide your feelings rather than express your annoyance?
- 37) Are you able to initiate physical contact with someone you care about?
- 38) If your parents want you to come home for a weekend, but you have made important plans, would you tell them of your preference?
- 39) Do you express anger or annoyance toward the opposite sex when it is justified?
- 40) If a friend is wearing a new outfit which you like, do you tell that person so?
- 41) When a person is blatantly unfair, do you fail to say something about it to him/her?

Always or Almost Always	Usually	Sometimes	Seldom	Never or Rarely
1	2	3	4	5

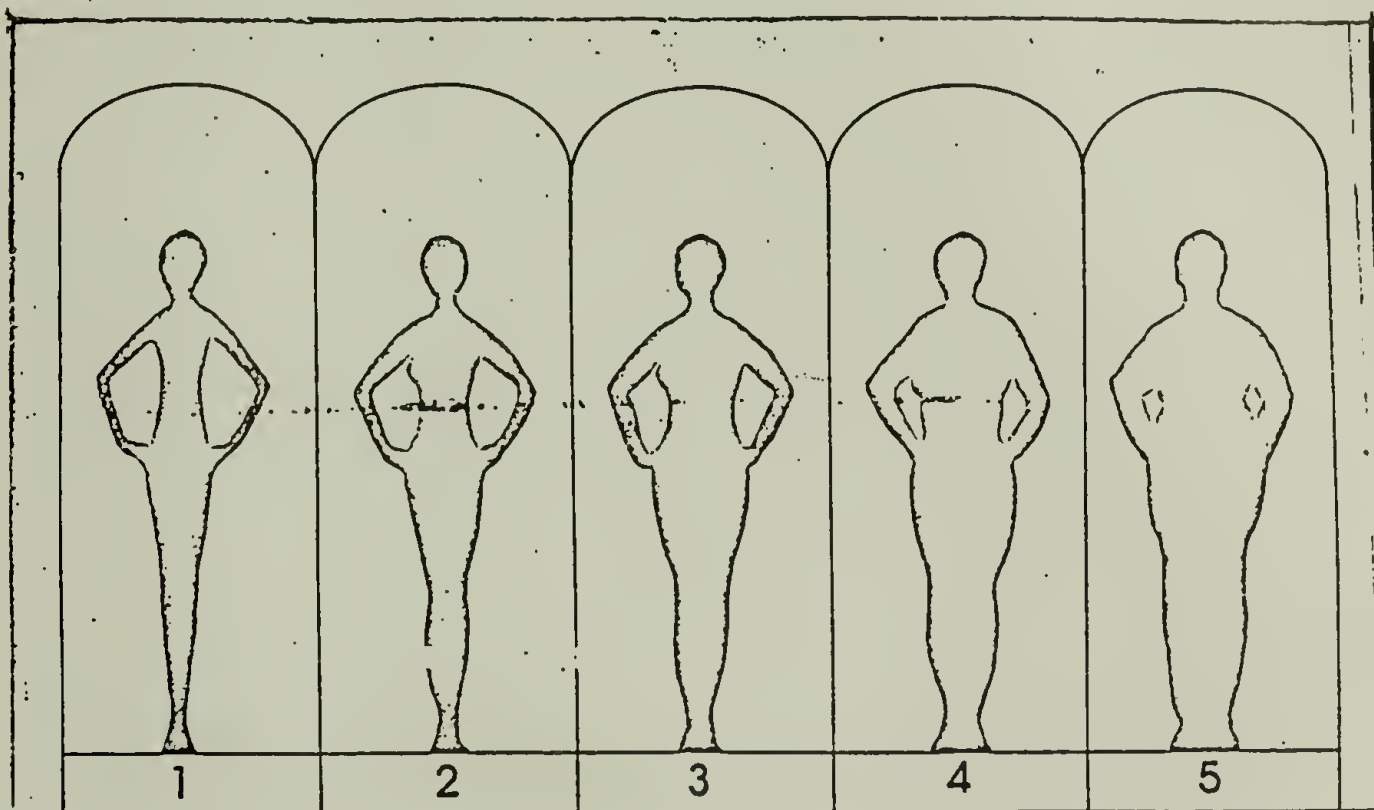
- 42) Do you avoid social contacts for fear of doing or saying the wrong thing?
- 43) If someone shares a very personal secret with you, do you find it difficult to reciprocate?
- 44) If a friend betrays your confidence, would you hesitate to express annoyance to that person?
- 45) When a clerk in a store waits on someone who has come in after you, do you call his/her attention to the matter?
- 46) If a friend does an errand for you, do you tell that person how much you appreciate it?
- 47) Would you be hesitant about asking a good friend to lend you a few dollars?
- 48) If a person teases you to the point that it is no longer fun, do you have difficulty expressing your displeasure?
- 49) With people you care about and with whom you are close, can you tell them how you feel about the care and concern they give you?
- 50) If you arrive late for a meeting, would you rather stand than go to a front seat which could only be secured with a fair degree of conspicuousness?
- 51) If your date calls on Saturday night fifteen minutes before you are supposed to meet and says that he/she has to study for an important exam and cannot make it, would you express your annoyance?
- 52) If you are particularly happy about someone's good fortune, can you express this to that person?
- 53) If someone keeps kicking the back of your chair in a movie would you ask him to stop?
- 54) If you haven't heard from a friend in a long time and are

Always or Almost Always	Usually	Sometimes	Seldom	Never or Rarely
1	2	3	4	5

curious as to how he/she is doing, would you call this person?

- 55) If someone interrupts you in the middle of an important conversation, do you request that the person wait until you have finished?
- 56) If you encountered a very competent person in your field whom you greatly admire at a meeting, would you find it difficult to express to him/her your great respect and admiration?
- 57) Do you freely volunteer information or opinions in class discussions?
- 58) If you lived in an apartment and the landlord failed to make certain necessary repairs after promising to do so, would you insist on it?
- 59) Are you reluctant to speak to an attractive acquaintance of the opposite sex?
- 60) If your parents want you home by a certain time which you feel is much too early and unreasonable, do you attempt to discuss or negotiate this with them?
- 61) Do you find it difficult to stand up for your rights?
- 62) If you are concerned about someone's welfare, would you express this concern?
- 63) If a friend unjustifiably criticizes you, do you express your resentment there and then?
- 64) Do you find it difficult to ask a member of the opposite sex for a date?
- 65) Do you avoid asking questions in class for fear of feeling self-conscious?
- 66) Do you express your feelings to others?

PLEASE REFER TO THE DIAGRAM BELOW FOR THE NEXT FOUR QUESTIONS
THE DIAGRAM REPRESENTS A RANGE OF SIZES OF WOMEN'S FIGURES



67) Which of the above figures best represents the average shape of a woman?

1 2 3 4 5

68) Which of the above figures best represents the ideal shape of a woman?

1 2 3 4 5

IF THE RESPONDENT OF THIS QUESTIONNAIRE IS MALE HE SHOULD PROCEED DIRECTLY TO QUESTION # 71. IF FEMALE, ANSWER THE FOLLOWING TWO QUESTIONS AND THEN PROCEED TO QUESTION #71.

69) Which of the above figures best represents your shape?

1 2 3 4 5

70) Which of the above figures best represents your ideal shape?

1 2 3 4 5

FIRST IMPRESSIONS OF PEOPLE OFTEN PROVIDES USEFUL INFORMATION.
 WE'D LIKE YOU TO THINK OF WOMEN WHO ARE THIN, AND RATE THEM
 ON THE FOLLOWING QUALITIES. PLEASE MARK ON THE OP-SCAN
 FORM THE NUMBER CORRESPONDING TO WHERE THEY FALL ON THE
 SCALE. ANSWER QUICKLY; YOUR FIRST IMPRESSION IS THE BEST.

A Thin Woman Tends To Be.....

71. Not at all aggressive	1...2...3...4...5	Very aggressive
72. Not at all independent	1...2...3...4...5	Very independent
73. Not at all emotional	1...2...3...4...5	Very emotional
74. Very submissive	1...2...3...4...5	Very dominant
75. Not at all excitable in a major crisis	1...2...3...4...5	Very excitable in a major crisis
76. Very passive	1...2...3...4...5	Very active
77. Not at all able to devote self completely to others	1...2...3...4...5	Able to devote self completely to others
78. Very rough	1...2...3...4...5	Very gentle
79. Not at all helpful to others	1...2...3...4...5	Very helpful to others
80. Not at all competitive	1...2...3...4...5	Very competitive
81. Very home oriented	1...2...3...4...5	Very worldly
82. Not at all kind	1...2...3...4...5	Very kind
83. Indifferent to other's approval	1...2...3...4...5	Highly needful of other's approval
84. Feelings not easily hurt	1...2...3...4...5	Feelings easily hurt
85. Not at all aware of feelings of others	1...2...3...4...5	Very aware of feelings of others
86. Can make decisions easily	1...2...3...4...5	Has difficulty making decisions
87. Gives up easily	1...2...3...4...5	Never gives up
88. Never cries	1...2...3...4...5	Cries very easily
89. Not at all self- confident	1...2...3...4...5	Very self- confident
90. Not at all understanding of others	1...2...3...4...5	Very understanding of others
91. Feels very inferior	1...2...3...4...5	Feels very superior
92. Very cold in relations with others	1...2...3...4...5	Very warm in relations with others
93. Very little need for security	1...2...3...4...5	Very strong need for security
94. Goes to pieces under pressure	1...2...3...4...5	Stands up well under pressure

NOW WE'D LIKE YOU TO THINK OF WOMEN WHO ARE FAT, AND RATE THEM
ON THE FOLLOWING QUALITIES. PLEASE MARK ON THE OP-SCAN FORM
THE NUMBER CORRESPONDING TO WHERE THEY FALL ON THE SCALE.
ANSWER QUICKLY; YOUR FIRST IMPRESSION IS THE BEST.

A Fat Woman Tends To Be.....

95. Not at all aggressive	1...2...3...4...5	Very aggressive
96. Not at all independent	1...2...3...4...5	Very independent
97. Not at all emotional	1...2...3...4...5	Very emotional
98. Very submissive	1...2...3...4...5	Very dominant
99. Not at all excitable in a major crisis	1...2...3...4...5	Very excitable in a major crisis
100. Very passive	1...2...3...4...5	Very active
101. Not at all able to devote self completely to others	1...2...3...4...5	Able to devote self completely to others
102. Very rough	1...2...3...4...5	Very gentle
103. Not at all helpful to others	1...2...3...4...5	Very helpful to others
104. Not at all competitive	1...2...3...4...5	Very competitive
105. Very home oriented	1...2...3...4...5	Very worldly
106. Not at all kind	1...2...3...4...5	Very kind
107. Indifferent to other's approval	1...2...3...4...5	Highly needful of other's approval
108. Feelings not easily hurt	1...2...3...4...5	Feelings easily hurt
109. Not at all aware of feelings of others	1...2...3...4...5	Very aware of feelings of others
110. Can make decisions easily	1...2...3...4...5	Has difficulty making decisions
111. Gives up easily	1...2...3...4...5	Never gives up
112. Never cries	1...2...3...4...5	Cries very easily
113. Not at all self- confident	1...2...3...4...5	Very self- confident
114. Not at all understanding of others	1...2...3...4...5	Very understanding of others
115. Feels very inferior	1...2...3...4...5	Feels very superior
116. Very cold in relations with others	1...2...3...4...5	Very warm in relations with others
117. Very little need for security	1...2...3...4...5	Very strong need for security
118. Goes to pieces under pressure	1...2...3...4...5	Stands up well under pressure

THIS TIME, WE'D LIKE YOU TO CONSIDER HOW YOU SEE YOURSELF
IN TERMS OF THESE QUALITIES. PLEASE MARK ON THE OP-SCAN
FORM THE NUMBER CORRESPONDING TO WHERE YOU FALL ON THE
FOLLOWING SCALE. ANSWER QUICKLY; YOUR FIRST IMPRESSION
IS THE BEST.

I Tend To Be.....

119. Not at all aggressive	1...2...3...4...5	Very aggressive
120. Not at all independent	1...2...3...4...5	Very independent
121. Not at all emotional	1...2...3...4...5	Very emotional
122. Very submissive	1...2...3...4...5	Very dominant
123. Not at all excitable in a major crisis	1...2...3...4...5	Very excitable in a major crisis
124. Very passive	1...2...3...4...5	Very active
125. Not at all able to devote self completely to others	1...2...3...4...5	Able to devote self completely to others
126. Very rough	1...2...3...4...5	Very gentle
127. Not at all helpful to others	1...2...3...4...5	Very helpful to others
128. Not at all competitive	1...2...3...4...5	Very competitive
129. Very home oriented	1...2...3...4...5	Very worldly
130. Not at all kind	1...2...3...4...5	Very kind
131. Indifferent to other's approval	1...2...3...4...5	Highly needful of other's approval
132. Feelings not easily hurt	1...2...3...4...5	Feelings easily hurt
133. Not at all aware of feelings of others	1...2...3...4...5	Very aware of feelings of others
134. Can make decisions easily	1...2...3...4...5	Has difficulty making decisions
135. Gives up easily	1...2...3...4...5	Never gives up
136. Never cries	1...2...3...4...5	Cries very easily
137. Not at all self- confident	1...2...3...4...5	Very self- confident
138. Not at all understanding of others	1...2...3...4...5	Very understanding of others
139. Feels very inferior	1...2...3...4...5	Feels very superior
140. Very cold in relations with others	1...2...3...4...5	Very warm in relations with others
141. Very little need for security	1...2...3...4...5	Very strong need for security
142. Goes to pieces under pressure	1...2...3...4...5	Stands up well under pressure

GENERAL HABITS QUESTIONNAIRE

The following are some questions about your general habits. Read each question and then decide whether your answer is (1)STRONGLY AGREE, (2)AGREE, (3)NEITHER AGREE NOR DISAGREE, (4)DISAGREE, or (5)STRONGLY DISAGREE. Then mark the OP-SCAN sheet with the number that corresponds to your answer.

STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
(1)	(2)	(3)	(4)	(5)

- 143. When I start eating, I have no difficulty stopping.
- 144. I am more likely to overeat when alone, than when I am with others.
- 145. I often go on "binges", eating a lot of food at once.
- 146. I think of myself as overweight.
- 147. I find it hard to know when I feel full, during a meal.
- 148. I worry about not being thin enough.
- 149. I find myself eating even when I've planned not to.
- 150. I eat to give myself a "lift".
- 151. Eating takes my mind off my problems.
- 152. I am able to maintain my weight without dieting.
- 153. I avoid "stocking up" on tempting foods.
- 154. I eat when I'm upset.
- 155. I rarely feel hungry.
- 156. A weight fluctuation of five pounds changes how I feel about myself.
- 157. I don't think much about food.
- 158. I seem to alternate dieting and "eating everything in sight".
- 159. I eat when I'm bored.
- 160. I am pleased by my body.
- 161. I eat when I'm not hungry.
- 162. I feel guilty when I eat.
- 163. I am in control of my eating.
- 164. I find myself worrying about the next time I'm going to overeat.

AI INVENTORY

Here are some statements that people have different feelings about. Read each sentence and then mark your OP-SCAN form according to the following scale:

STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
(1)	(2)	(3)	(4)	(5)

165. I have not lived the right kind of life.
 166. There is very little I really care about.
 167. I usually feel bored no matter what I am doing.
 168. I don't seem to care what happens to me.
 169. I do things sometimes without knowing why.
 170. It is important to me that others approve of me.
 171. I like the respect of others, but I don't have to have it.
 172. I want everyone to like me.
 173. I like myself even when many others don't.
 174. If others dislike me, that's their problem, not mine.
 175. I find it hard to go against what others think.
 176. Although I like approval, it's not a real need for me.
 177. I often worry about how much people approve of and accept me.
 178. I have considerable concern with what people are feeling about me.
 179. It is annoying but not upsetting to be criticized.

The following questions should be answered on the OP-SCAN sheet by marking the appropriate letter.

180. Do you consider yourself:
 (a) underweight (b) normal weight (c) overweight
181. I am only able to maintain my weight by: (MARK ALL THAT ARE TRUE)
 (a) exercise (b) dieting (c) vomiting after eating
 (d) taking laxatives (e) none of the above
182. My religion is:
 (a) Catholic (b) Jewish (c) Protestant (d) Other (e) None
183. Are you:
 (a) Asian (b) Black (c) European/White (d) Hispanic (e) Other

*****THE END*****

INFORMED CONSENT FORM

The following questionnaires are part of a study of people's feelings and attitudes. The questions have several aspects of how you see yourself and your typical behavior. The questionnaires should take about an hour to fill out. All your responses will be kept strictly confidential. If at any time you feel unable to continue participating in the project, feel free to stop. After you have completed the questionnaires you will receive a written explanation of the study. Any questions which you might have will be welcomed at that time.

Thank you for your participation!

Suzanne Lerner
Suzanne Lerner, Investigator

Signature

Date

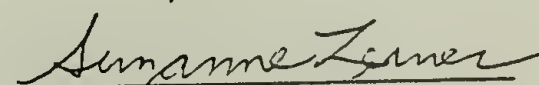
Written Feedback Form

The purpose of this study has been to investigate some of the theories that Susie Orbach developed in her book, Fat is a Feminist Issue. In this book she proposed the idea that compulsive eating was not the reflection of a person being hungry all of the time, but rather that the behavior reflected difficulties that all women faced due to oppression of women in our society. This oppression is seen in several ways. First, women are supposed to be the nurturers, providing and smoothing things over for others. Because this leaves little room for women to express their own discomfort and rage, women end up eating to "stuff down their feelings". Another area of oppression is in terms of society's messages of how a woman should look. While men are judged primarily by what they accomplish, women are evaluated by their physical beauty. When a woman has a large body, she can be made to feel a monster, an outcast. Thus, the outlines of women's figures that you evaluated in this study will help us examine men's and women's attitudes toward the ideal figure and also give us some measure of how much compulsive eaters have a distorted concept of their bodies.

It would be predicted that compulsive eaters are alienated from their feelings and have a difficult time expressing them. Also, that they have distortions in body image and are more sex-role stereotyped; i.e. feeling that women have to act in certain ways. According to Orbach, these high self-expectations create much conflict and anxiety. Eating then, is used to help reduce tension and also avoid the situations where these conflicts are stirred up.

If these predictions are found to be true, they would help provide guidance in how to help compulsive eaters. Such things as helping the eater get in touch with the feelings they are avoiding by eating, gaining self-acceptance for the way their bodies are shaped, and learning to have more realistic expectations could perhaps help the compulsive eater feel more in control and increase her self-esteem.

If you have any questions, please feel free to ask. If you wish, you may find out the results of the study when it is completed, by making arrangements with me. Thank-you once again.


Suzanne Lerner, investigator

